NEBRASKA DEPARTMENT OF JUSTICE OFFICE OF THE ATTORNEY GENERAL CONSTITUENT COMPLAINT FORM

Please Print or Type.	Complaint Reported By		Date Mailed:	
Name:		_	Date of Birth:	//
Address:		_	Hours Available:	
			If At Work, When: _	
City: State:	ZIP:	County: _		
Place of Employment:				
Address:			Phone: Hm:	
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City: State: _	ZIP:	County: _		
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	Complaint Rep	orted Against		
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		Position:		
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	Witne	esses		
Name:		Name:		
Last First	M		Last Fi	rst M
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y: State:			State:	
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Last First	M	Last	First	M
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City:State	ty: State:			State:
County: Phone: Hm:		•	Phone: Hm:	
Wk:		Wk:		
		٦		
Have you filed reports with any other ag	ency regarding	Has any act	on been taken against yo	u regarding this matter.
this matter? IF YES:		Please circle		
		Has any act	on been taken against the	e subject in this matter,
		Please circle	: Arrest Conviction	n Citation
Agency/Date(s)				

Describe the facts which have led to the filing of this complain and include, if possible, exact dates and locations of pertinent events. Please attempt to put in chronological order. This complaint will be photocopied.
PLEASE PRINT or TYPE ALL INFORMATION. Use additional paper if needed.
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The information given above is true to the best of my knowledge and belief. I authorize the Nebraska Attorney General's Office, or its designate to use this information given, in any manner which is determined necessary.
Signature Date
Return Completed Form to:

Return Completed Form to: Nebraska Attorney General 2115 State Capitol Lincoln, NE 68509-8920

ATTN: Law Enforcement Division Fax: (402) 471-3297